

# PREA Facility Audit Report: Final

**Name of Facility:** Lincoln Hills and Copper Lake Schools

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 08/02/2018

**Date Final Report Submitted:** 02/23/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> D. Will Weir	<b>Date of Signature:</b> 02/23/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Weir, Will
<b>Address:</b>	
<b>Email:</b>	prea.america@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	06/21/2018
<b>End Date of On-Site Audit:</b>	06/21/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Lincoln Hills and Copper Lake Schools
<b>Facility physical address:</b>	W4380 Copper Lake Road, Irma, Wisconsin - 54442
<b>Facility Phone</b>	(715) 536-8386
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input checked="" type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Jason Benzel	<b>Title:</b>	Superintendent
<b>Email Address:</b>	Jason.Benzel@wisconsin.gov	<b>Telephone Number:</b>	(715) 536-8386 ext.1

Warden/Superintendent			
<b>Name:</b>	Jason Benzel	<b>Title:</b>	Superintendent
<b>Email Address:</b>	Jason.Benzel@wisconsin.gov	<b>Telephone Number:</b>	(715) 536-8386 ext.1

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	
<b>Name:</b>	Matt Theiler	<b>Email Address:</b>	Matt.Theiler@wisconsin.gov

Facility Health Service Administrator			
<b>Name:</b>	Sandy Ratkovich	<b>Title:</b>	Nursing Supervisor
<b>Email Address:</b>	Sandra.Ratkovich@wisconsin.gov	<b>Telephone Number:</b>	(715) 536-8386 ext.

Facility Characteristics	
<b>Designed facility capacity:</b>	365
<b>Current population of facility:</b>	145
<b>Age range of population:</b>	13 to 20
<b>Facility security level:</b>	Maximum
<b>Resident custody level:</b>	Minimum to maximum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	270

AGENCY INFORMATION	
<b>Name of agency:</b>	Wisconsin Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Wisconsin
<b>Physical Address:</b>	3099 East Washington Avenue, Madison, Wisconsin - 53707
<b>Mailing Address:</b>	PO Box 7925, Madison, Wisconsin - 53707
<b>Telephone number:</b>	(608) 240-5000

Agency Chief Executive Officer Information:			
<b>Name:</b>	Kevin Carr	<b>Title:</b>	Secretary
<b>Email Address:</b>	Kevin.Carr@wisconsin.gov	<b>Telephone Number:</b>	(608) 240-5065

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Leigha Weber	<b>Email Address:</b>	Leigha.Weber@wisconsin.gov



## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site audit was conducted on June 21, 2018. The audit team consisted of PREA America DOJ Certified PREA Auditor Will Weir, MCJ, and PREA America Project Manager Tom Kovach, who assisted with interviews. Interview selection was based on inclusive demographics, gender, and housing units for both staff and residents. Staff Section included all three shifts. Once these factors were included, decisions were based on purely random selection from the relevant lists. The on-site audit had been prefaced by a Pre-Audit Process, in which the audit team had reviewed documents and had provided early feedback to the PREA Coordinator and the facility administrators. Examples of documentation were reviewed in their entirety, and they were cross-checked with on-site observations and with interviews. Some agency interviews had been conducted by phone during the Pre-Audit process. The on-site audit started with an introductory briefing and the selecting of inmates and staff from rosters. Both members of the audit team were provided an abbreviated facility tour and explanation, but Mr. Kovach was provided a complete tour of the facility and overview of the supervision and monitoring systems. Mr. Weir started interviews, while Mr. Kovach completed the tour. 22 of 139 residents were interviewed. 19 staff and specialized staff interviews were conducted. Briefings and document reviews occurred throughout the on-site audit, to clarify concerns that came up and to find answers to questions. An exit briefing was held at the end of the on-site audit, at which additional documentation and information were requested, and the audit team provided an update on the progress of the audit up to that point. Facility and agency strengths were discussed, as well as areas for improvement.

The Interim Report was provided to the facility on 08-02-2018, continuing a discussion already underway regarding the details of the Corrective Action Plan (CAP) which was finalized 09-11-2018. The agency/facility followed the CAP and showed compliance with all outstanding standards, except Standard 115.313 regarding supervision and monitoring. The CAP ended 180 days after the Interim Report was issued, which was 01-30-2019. Regarding the data collection methods used for this audit: The agency provided most of the Pre-Audit information and documentation through the On-line Audit System (OAS) but most of the CAP verification documentation was provided to the auditor via email.

Even though the Agency stipulated to the facility not being in compliance with the staffing ratios, it is important to contextualize the impact. During the on-site audit, several staff and administration interviews detailed the effects of the short staffing at the facility, including that staff indicated that they did not feel safe. The interviews with staff were consistent in expressions of concerns about the low staffing ratio and its effects on the operation of the facility. Indeed, a superintendent from a facility over 170 miles away told us he occasionally covers for staff to help with the situation. While staffing shortages are a nationwide concern for corrections, the acute level at Lincoln Hills was identified by staff as some of the reason for lack of compliance with other standards.

The audit team was told that in order to accommodate the audit, a post was "collapsed" because of insufficient staffing. The audit team felt facility safety was a priority, which led to the decision to expedite

the interviews, due to the circumstances. For example, when it became difficult to interview residents from one housing unit which was experiencing some challenges, the residents from that housing unit who happened to be engaged in an activity outside of that housing unit at the time, were interviewed instead of the residents who had originally been randomly selected. This avoided staff who were needed to maintain control of residents in the housing unit, from having to leave their posts to escort residents to the auditor.

The staff and administration have made great strides toward compliance, since the Interim Report, under very difficult circumstances. It is a concern that continued under-staffing may again lead to broader compliance issues.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Wisconsin Department of Corrections operates Lincoln Hills School and Copper Lake School in Irma, Wisconsin, which is the state's Type 1 secure juvenile correctional facility for male and female youth in DOC custody.

Lincoln Hills School opened in the Summer of 1970. From 1972 to 1994, both male and female youth were placed at LHS. In 2011, Copper Lake School for Girls opened at the Lincoln Hills site. LHS also serves as a secure detention resource for male youth from nearby counties.

In June 2011, Southern Oaks Girls' School closed, and female youth in DOC custody were moved to Copper Lake School, which is co-located with LHS. CLS operates with sight and sound separation from LHS, and it serves as a secure detention resource for female youth from nearby counties.

There is one female housing unit, and there are multiple male housing units, to hold a population of around 150. As populations fluctuate, other buildings are used to house youth. These buildings are currently used for extra programming, recreation, and storage. There are a medical unit and a mental health unit housed on campus, along with a school and secure detention.

The large campus has many cameras. The blind spots are being addressed by a camera upgrade, which is in-progress. Body cameras have been added. The PREA Coordinator states, "All uniform staff now are required to wear body cameras and must have them on whenever they are interacting with youth. The video from these cameras is then downloaded each day and preserved for further use if necessary. In the event a strip search is being conducted the staff member wearing the camera will not be in view of the youth. . . The use of this additional tool protects both residents by greatly increasing the video coverage of a scene with the mobility as necessary. In addition staff can be held accountable for failing to follow the policy in regards to the use of the body cameras."

The primary administrative offices are located alongside the Control center and the kitchen area.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	42
<b>Number of standards not met:</b>	1

The findings in the Interim Report were "Meets Standards" for 30 standards, and "Does Not Meet Standards" for the other 13 standards. Below is a listing of the standards with which the facility had not yet shown full compliance at the time of the Interim Report. These standards were on a Corrective Action Plan (CAP). The agency and facility were able to show compliance with all these standards, during the course of the CAP, except 115.313. See the narrative associated with each numbered Standard in the body of this report for more detailed information.

115.313: The agency stipulates they have not been able to reach the staffing ratios required in this standard. This stipulation is clear through the Staffing Plans, other documentation, and in interviews with the PREA Coordinator and others.

115.315: Policy updates were pending final approval at the time of the Interim Report. These updates were approved and implemented, including distribution and training, during the CAP. During the facility tour, a shower was identified as requiring a shower curtain, and this was also resolved during the CAP.

115.317: The agency had not yet developed a system for reliably and consistently checking the state's child abuse records. This system was devised and implemented during the CAP.

115.322: In the paperwork provided for the auditor to review during the pre-audit process, the facility had not shown that all allegations that come out in the course of investigations are fully investigated.

Investigators were retrained, and all investigations were reviewed for compliance during the CAP.

115.333: The audit indicated that not all residents received PREA education. All were educated during the CAP, and the facility improved the system to assure all new admissions receive the required education.

115.341: 8 residents stated they had not been asked the screening questions regarding risk of victimization and abusiveness. Facility administrators acknowledged that not all screenings and reassessments were being completed. They then re-assessed everyone to fulfill the requirements of the CAP.

115.342: This was a companion standard to §115.341. Until all the screenings and re-assessments were completed, the agency could not be found to be in full compliance with §115.342. Measures were verified to assure the information obtained during screenings and reassessments is protected, yet available to supervisors who need it to make decisions that protect youth.

115.364: According to interviews, new staff at Lincoln Hills and Copper Lake School typically did not know First Responder duties; except, they knew to call their supervisor. Most supervisors, but not all, knew what to do. As part of the CAP, staff were retrained on these duties.

115.367: The facility had not shown full compliance with retaliation monitoring requirements by the time the Interim Report was written. During the CAP, they provided detailed documentation regarding their retaliation monitoring efforts.

115.371: The Interim Report stated that not all allegations appeared to be fully investigated, including allegations that arose in the course of investigations. During the CAP, all investigations conducted during the past 12 months were reviewed for thoroughness, and all new investigations were reviewed: first by the facility, the PREA Office; and then sent to the auditor, who found them to be compliant with this standard.

115.386: At the time of the Interim Report, the facility had only recently starting conducting Incident Reviews, and they had not completed enough to show that Incident Reviews are fully incorporated into the agency culture and reliable procedures. During the CAP, the facility demonstrated full compliance by providing documentation of completion of all required Incident Reviews.

115.387: Since 115.387 (d) requires data from Sexual Abuse Incident Reviews to be included in this data, the facility could not show compliance with this standard until it was compliant with 115.386. During the CAP, it was verified that the data was collected.

115.388: The agency could not show compliance with this standard until the data was available from §115.386 and 115.387, but this was rectified during the CAP.

## **Standards**

### **Auditor Overall Determination Definitions**

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### **Auditor Discussion Instructions**

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Wisconsin Department of Corrections has named a PREA Coordinator (PC), Leigha Weber, and Lincoln Hills and Copper Lake School have named a PREA Compliance Manager (PCM), Matt Theiler. Ms. Weber is the PREA Coordinator for the entire Wisconsin Department of Corrections, making it important for each facility to have the human resources in place to make the daily practices of PREA possible.</p> <p>Analysis: Interviews with the PC and the PCM, as well as the Organizational Chart and PREA definitions and zero tolerance mandates associated with Executive Directive #72, updated in 2016, were considered by the auditor in compliance determinations regarding this standard. In addition, the work completed, to bring the facility so close to full compliance during the CAP, indicated a level of PREA coordination consistent with at least minimum compliance with this standard. The Interim PREA Audit Report warned the agency regarding the fragile nature of PREA compliance when the facility is understaffed, as well as when it is staffed with workers who indicate extreme levels of stress. Lack of compliance with standard 115.313, regarding adequate supervision and monitoring of youth in care, has the potential to leave youth without effective protection. Since this facility houses serious, challenging, and habitual offenders, and has a number of inexperienced staff, the State should consider exceeding the minimum staffing ratios for supervising these youth, rather than leaving them inadequately supervised.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Although the agency does not contract out for the confinement of residents in the juvenile system, Executive Directive 72 requires compliance with this standard in the event they decide to engage in the practice.</p> <p>Analysis: Interviews with a contract monitor and a review of updated contracts regarding adult inmates indicate compliance with this standard.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>The agency stipulates they have not been able to reach the staffing ratios required in this standard. This stipulation is clear through the Staffing Plans, other documentation, and in interviews with the PREA Coordinator and others.</p> <p>Corrective Action: The agency indicated it could not increase staffing without legislative action. The PREA Coordinator indicates that portions of the facility are kept adequately staffed.</p> <p>Analysis: One Staffing Plan reviewed by the auditor does not mention the staffing ratios required by PREA, but it indicates 9 staff being scheduled when 150 youth may be present. If they have all 9 staff at work, that is 17 youth per staff. A Staffing Plan updated in June includes one shift that has a 1 to 26 ratio during sleeping hours. Staffing considerations are complex, with many variables, and cannot be determined in this report. However, considering that a high percentage of staff, and some administrators as well, have little experience and/or training, and that the youth have serious and chronic needs, it appears, through the lens of the PREA Standards, that the facility needs a significant increase in the number of staff or a decrease in resident population.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>At the time the Interim Report was issued, policy updates were pending final approval, and training was to occur after that. 13 resident interviews indicated that cross-gender staff did not reliably announce their presence as required. In addition, staff indicated experiencing a great deal of stress at work. There were not enough staff who remember their training, and staff who have experience effectively with this population, to keep the youth properly supervised/safe. During the facility tour, a shower was identified as being in need of a shower curtain.</p> <p>Corrective Action: From CAP: "Finalize youth search procedure. Provide staff training. Circulate a search policy acknowledgment form to all staff; obtain signatures as evidence of understanding. Send acknowledgment forms...Install cross-gender notification system. Train all staff of the expectation and procedure; monitor implementation and consistent practice. Educate youth on the meaning of such notification. Photograph notification system; send photos...Install curtains or partitions to allow for fuller coverage and greater privacy. Photograph modifications; send photos..." The facility installed blue lights to indicate when cross-gender supervision is occurring, and they provided signs in English and Spanish to explain the lights. Youth are notified when cross-gender staff enter the building.</p> <p>Analysis: The auditor reviewed DJC Policy 300.05.09; verification that policy is approved and implemented, and that all staff received training related to the updated policy relating to this standard, including cross-gender supervision and searches; verification that all youth have been educated about the facility's cross-gender notification system; shower viewing modification photos from every unit; and verification that this information is included in staff and youth orientation from now on. Based on a triangulation of evidence, the auditor feels the facility has shown compliance with this standard; but lack of compliance with Standard 115.313, requiring adequate staff to youth ratios, makes compliance with this standard, and many others, hard to maintain.</p>

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has established procedures to provide disabled residents and residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under B 115.364, or the investigation of the resident's allegations. In the past 12 months, there have been no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under B 115.364, or the investigation of the resident's allegations.</p> <p>Analysis: Staff and resident interviews indicate the agency will generally try to assist anyone to understand what they need to understand in order to be safe and to exercise their rights. Relevant policies include Executive Directive 72, sections V, XI and XVI; and DJC Policy 100.04.05 Providing Limited English Proficiency Services. Also reviewed: Language Translation/Interpretation Services Contract, the Resident Handbook, and posters observed during the site tour.</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>At the time of the on-site audit, the agency had not yet developed a system for reliably and consistently checking the state's child abuse records.</p> <p>Corrective Action: "Coordinate with Department of Children and Families, to implement a child abuse background check. Amend HR policies to include this check. Check all existing staff and prospective hires. Document checks."</p> <p>Analysis: Triangulation of evidence, and compliance with CAP, verifies compliance with this standard. Evidence includes: Background Check Policy; Child Abuse Background Check Process Discussion; Child Abuse Background Check Implementation; Child Abuse Background Check Memo to Staff; Child Abuse Background Check Form; Child Abuse Background Check Transmissions; and random selections, to verify practice. Reviews were conducted of 5 new hire background checks, 5 volunteer/contractor background checks, 5 background checks after 5 years, and a background check conducted after a promotion.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has not made a substantial expansion or modification in the past 12 months. However, the facility has updated their video monitoring system.</p> <p>Analysis: Documentation provided, as well as interviews with administrators, indicate sexual safety is considered when updates occur. The video monitoring system was demonstrated during the facility tour and is expandable.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator states, "The facility is working on obtaining signatures on the draft MOU. In the meantime, a verbal agreement between LHS/CLS and Haven has been established." 4 SANE exams were completed during the past 12 months. Documentation regarding one of these investigations was selected for review by the auditor, and the documentation seemed to indicate practices consistent with this standard.</p> <p>Analysis: The audit team has confirmed the pending MOU, and the team has verified that the services required by this standard are available to LHS/CLS residents. Agency policies are based on Standards for Health Services in Prisons (2014 ed). (2014). Chicago, Illinois: National Commission on Correctional Health Care. Policies reviewed include Executive Directive 72 Section XVI. The auditor also reviewed WI DOC DAI: Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth; and the WI DOC Victim Services Coordinator Sexual Abuse and Sexual Harassment in Confinement Reference Guide.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>12 of the 21 investigations conducted in the past 12 months were reviewed by the auditor. In the paperwork provided for the auditor to review prior to the Interim Report, the facility had not shown that all allegations that come out in the course of investigations are fully investigated. In other words, some investigative interviews indicated additional allegations or suspicions of sexual abuse or harassment, or staff failures to protect, take reports, etc., but these allegations did not appear to trigger another investigation, nor other administrative processes, to address possible violations of PREA policies.</p> <p>Corrective Action: The PREA Office provided refresher training to all LHS/CLS investigators and provided verification of training and curriculum. The PREA Office reviewed all past investigations/allegations to ensure thoroughness. The facility Superintendent and PCM closely reviewed all new reports and all newly completed investigations to ensure prompt and thorough follow-up. Then these new investigations also went to the PREA Office for their review. 8 new, thoroughly completed investigations were provided to the auditor.</p> <p>Analysis: The audit team interviewed the agency head and investigative staff. The auditor reviewed Executive Directive 72 Section XVII, 12 investigations conducted during the 12 months before the on-site audit and 8 conducted thereafter. The agency website was also reviewed, to make sure information is publicly available, as required by this standard:  <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></p>

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>WI DOC trains all employees who may have contact with residents on the following required matters: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse, and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, including relevant laws regarding the applicable age of consent. Between trainings, the agency provides employees with refresher information about current policies regarding sexual abuse and sexual harassment.</p> <p>Analysis: The auditor reviewed Executive Directive 72 Section XI; DJC Policy 100.09.01 PREA Training; "PREA PAGE" updates to staff and policy highlights from the PREA Office; and Agency Youth Counselor Academy Training, with log of training completions. Interviews with staff indicated they have retained most of this training they have received.</p>

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The audit team reviewed the training curriculum and acknowledgement documentation, as well as files of 12 volunteers and contractors. Although the facility meets the minimum requirements of this standard, the PREA Coordinator believes, in order to remain in compliance, the documentation system regarding training needs strengthening, so it can be more reliable and consistent.</p> <p>Analysis: The audit team reviewed WI DOC DJC Policy 100.09.01 PREA Training; Policy 100.10.01 Volunteers; Sexual Abuse and Sexual Harassment In Confinement: A Guide for Volunteers and Contractors; and Volunteer Training, with Volunteer Training Acknowledgements.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>6 residents communicated with the audit team that the facility did not provide all the PREA information required. Some of these residents say that they received no information at all. Yet, other residents described a complete PREA Education experience, with video, handouts, and the opportunity to ask questions. Interviews with staff and administrators indicated that this is another area affected by staff shortages. The expectation is for every new resident to be provided the information in a way they can understand it, but it is unknown what will happen from one day to the next at this facility, due to staff turnover, regarding some of the programming that should be reliable, predictable, and solidly etched in protocol and procedure. Staff sometimes must be reassigned to cover other essential duties. See the narrative for Standard 115.313 for additional concerns regarding how lack of adequate staffing can compromise PREA compliance in various ways.</p> <p>Corrective Action: The agency provided basic PREA reminder information to all residents and provided 25 signed Youth Education Acknowledgements, representing new admissions, as agreed per the CAP.</p> <p>Analysis: In addition to interviewing residents and staff, the audit team reviewed the WI DOC PREA Education Facilitator Guide; WI DOC DJC Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth (English and Spanish); WI DOC DJC Policy #100.09.01 PREA Training; and Executive Directive 72 Section XI. Training and policy appear consistent with education actually received.</p>

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>10 investigators are assigned to LHS/CLS. Four are Correction Unit Supervisors, and six are Supervising Youth Counselors. Although the investigators were trained prior to the audit, and although the Interim Report found that their training met the minimum requirements of this standard, the agency conducted additional training and accountability processes, during the CAP, as it became compliant with 115.371.</p> <p>Analysis: To determine compliance with this standard, the auditor reviewed related policy (Executive Directive 72, Section XI. A. 4), Sexual Abuse and Sexual Harassment Investigations curriculum, selected investigations, and logs. Also, the audit team interviewed investigators, administrators, and youth who had knowledge of investigations.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has 8 medical and mental health practitioners working regularly, and an additional 22 have been trained.</p> <p>Analysis: Policy regarding this standard is found in Executive Directive 72, Section XI. A. 5. Medical and Mental Health training records reviewed, and interviews conducted with those staff, indicate compliance with this standard.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>8 residents communicated to the audit team that they have not been asked the screening questions. Facility administrators acknowledged that not all screenings and reassessments were being completed, and they decided to re-assess everyone. For example, the PAQ stated, "Facility is missing youth who return to the facility from court. Facility is implementing a system to identify and screen those who return from court."</p> <p>Corrective Action: The CAP instructed the facility to "Strengthen the process to ensure that all youth are screened upon admission. Refer alleged victims and suspects for rescreening when an allegation is determined unsubstantiated or substantiated. Refer youth for rescreening when the facility has new information that might bear upon their risk of safety and in accordance with screening instructions (DOC-2812). Include a notation on sexual abuse incident reviews that alleged victims and suspects have been rescreened." Upon completion of the CAP, the agency provided the auditor with screenings and reassessments (as applicable) for every youth in the facility.</p> <p>Analysis: In addition to interviewing youth and administrators as described above and reviewing the screenings for all the youth during the CAP, the auditor reviewed Executive Directive 72, Section XII.</p>

<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Interim Report considered this Standard to be a companion Standard to §115.341: Until all the screenings and re-assessments are completed, the agency cannot be in full compliance with §115.342.</p> <p>Corrective Action: Becoming compliant with §115.342 was necessary for compliance with this standard. In addition, the CAP stated, "Continue recording youth categorized as ROA or ROV on spreadsheet. Spreadsheet must be available to security supervisors on all shifts so that they may make informed housing decisions."</p> <p>Analysis: Policies reviewed include Executive Directive 72, Section XIII. A. &amp; E. 2. The audit team also reviewed the Risk Screening Tracking Memo, distributed during the CAP to all staff, explaining the process, and the Risk Screening Tracking Spreadsheet, only available to staff who make housing, bed, program, education and work assignments. During the audit, interviews which included questions about this process included randomly selected residents, including residents with risk factors; staff who supervise youth when they are temporarily isolated; staff who perform screenings; medical and mental health staff; and facility administrators.</p>

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Interim Report found the agency/facility in compliance with this Standard, but documented a concern raised by the audit team. The documentation of several calls that came in through the 777 hotline indicated that the callers can barely be heard by the staff trying to decipher the audio recordings. Parts of reports received through the 777 hotline just could not be understood. Apparently, this has been a problem for a while, and there have been attempts to fix it. The PREA Coordinator states the telephone system is regularly monitored by WI DOC's phone provider, and there had not been any notable telecommunications barriers in the last 12 months. She states that calls that are difficult to hear or understand are a result of the caller not speaking slowly, clearly, or into the telephone. The auditor believes the agency has shown material compliance with 115.351. The PREA standards define "full compliance" as "compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance. (italics removed)" The PREA Coordinator states that the reporting system is a high priority for the PREA Office.</p> <p>Analysis: In addition to testing the reporting system and reviewing calls that have come in, the audit team observed notices in English and Spanish regarding how to make reports during the audit tour. Also, to determine compliance with the standard, the auditor found policies (Executive Directive 72, Section XIV) and the youth handbook (Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth) to be compliant with this standard.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Pre-Audit Questionnaire (PAQ) states, "All youth may report sexual abuse or sexual harassment through the grievance process. However, all complaints alleging sexual abuse are routed to facility leadership for review and action; the administrative complaint process stops." Particularly important to victim confidentiality, for this standard and several others, is information contained in the WI DOC Sexual Abuse in Confinement: A Resource for Offenders. It states, "In addition to on-site support (i.e. medical / mental health staff), victims of sexual abuse may also consider receiving additional support from their community's local sexual assault service provider. Sexual assault service providers are dedicated to helping victims. Their services are free and not connected to DOC. At a victim's request, they may:</p> <ul style="list-style-type: none"> <li>• Provide support at the hospital during a forensic medical examination</li> <li>• Accompany victim(s) during investigative interview(s), and / or</li> <li>• Provide emotional support, crisis intervention, information and referral(s)</li> </ul> <p>Following an incident of sexual abuse, this facility's victim services coordinator will contact the victim to discuss resources for support and to coordinate such services, if desired. If a victim chooses not to report an incident of sexual abuse, they may call or write to the provider listed below for support.... Location-specific contact information will be provided to all offenders when transferring to another Wisconsin DOC facility. This facility is also assigned a PREA Compliance Manager who oversees PREA compliance efforts. Please contact staff to learn who is assigned this role at your facility. Every effort will be made to ensure that your communications with the local sexual assault service provider remain confidential. Your pin number is not needed to make this call. These calls are not recorded or monitored. Written correspondence may be opened or inspected and may be read with the written approval of the Security Director. In person communication will be arranged in as private and confidential manner as possible. All communications are monitored in accordance with Administrative Code Chapter DOC 309, DOC policy and facility procedure."</p> <p>Analysis: A review of written policies, and an examination of procedures in place in reality, indicate compliance with this standard. Investigative and grievance documentation indicate that any allegations of sexual abuse or harassment that come in through the grievance system are diverted, so that they go through the established PREA investigative processes. 8 grievances were reviewed. In addition, the response times and protocols for emergency grievances are consistent with this standard. Policies are located in Executive Directive 72, Sections XV &amp; XVI; and DJC Policy 300.04.02. Also consistent with this standard are the youth handbook (Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth) and notices observed, during the audit tour, posted throughout the facility.</p>

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Access to outside victim advocates and reporting methods and forms are available at <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a>. No youth are detained solely for civil immigration purposes.</p> <p>Analysis: The audit team has verified that residents receive information regarding advocacy, and that the agency is working on an MOU. Interviewed residents who have been alleged victims of sexual abuse usually indicated that advocacy services were offered to them at some point, as required by policy and in investigative checklists. In addition, even residents who have not indicated victimization tended to understand that outside advocacy is available.</p>

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provides methods to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Analysis: The methods for reporting are available on the agency website. In addition, there are postings in the visitation areas of the facility.</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>It is required that all staff report, immediately and according to agency policy: any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred, respecting confidentiality as well as the limits to confidentiality. Policy also requires the reporting of any retaliation against residents or staff who reported such an incident, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Analysis: The auditor reviewed Executive Directive 72, Section XIV; forms and methods used for reporting; and reports that have been made. The requirements of this standard are in policy, and in the training reviewed by the auditor. Also, interviews indicate staff have an understanding of their responsibilities and reporting methods. In addition, reporting has been shown to occur in practice.</p>

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident, as required in WIDOC Executive Directive 72. Interviews with staff and administrators indicate a commitment to take immediate action when there are indications of risk of imminent abuse. Resident feedback was mixed regarding whether they believe staff will protect them.</p> <p>Analysis: Although 5 of 22 resident interviews indicated lack of trust in staff responsiveness, these residents did not indicate that anyone is left at imminent risk of sexual abuse without protective actions being taken. Their concerns were generally about new staff not knowing what to look for to prevent, or to intervene in, bullying type incidents which have a sexual nature, or regarding fights/altercations that are not of a sexual nature. Also, with 5 residents also saying they don't believe PREA investigations are done well, and 6 saying PREA is abused at the facility, with no consequences for making false reports, it adds up to a general level of distrust in the competency of those who are supposed to watch out for them. Yet, when the auditor compares policies, procedures, training, and documentation of actual incidents/complaints with this PREA Standard, there is a triangulation of evidence to indicate compliance with this Standard. Also, interviews with administrators indicate compliance with this standard, although they desire to have enough staff to appropriately identify and respond to risks.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1468 660">The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the external facility, or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.</p> <p data-bbox="252 705 1484 952">Analysis: No allegations were received (in the 12 months reviewed for this audit) from residents saying they were abused at other facilities, but 6 allegations were received regarding former residents saying they were abused or harassed when at LHS/CLS. Investigations reviewed, along with policies and training, indicate compliance with this standard. Policy relating to this standard is found in Executive Directive 72, Section XIV. The agency head, as well as facility administrators, state that they understand this policy, and that it is followed.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<p data-bbox="252 1162 901 1196"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1240 526 1274"><b>Auditor Discussion</b></p> <p data-bbox="252 1319 1476 1520">According to interviews conducted during the audit, new staff at Lincoln Hills and Copper Lake School typically did not know First Responder duties; except, they know to call their supervisor. Most supervisors, but not all, knew what to do. Some staff had a card that explained First Responder duties. It was agreed that it would be helpful for staff to cover these duties again, when receiving upcoming training about searches.</p> <p data-bbox="252 1576 1436 1778">Corrective Action: The CAP included the following training tasks: "Train all staff on first responder duties. Circulate a first responder acknowledgment form to all staff, and review; obtain signatures as evidence of understanding. Encourage all staff to carry first responder cards." The facility sent the acknowledgment forms to the PREA Coordinator, along with verification of counseling, and these were forwarded to the auditor.</p> <p data-bbox="252 1834 1460 2036">Analysis: In addition to the interviews and documentation described above, the auditor reviewed Executive Directive 72, Section XVI; Healthcare Staff First Responder Action Steps; Non-Security Staff First Responder Action Steps; Youth Counselor First Responder Action Steps; and, investigation-related documentation, describing first responder duties being followed in practice.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has developed a written institutional plan, to coordinate actions taken in response to an incident of sexual abuse, incorporating staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Analysis: An updated Coordinated Response Plan (CRP) was provided to the audit team during the Pre-Audit Phase, prior to the on-site audit. Considering that the CRP is current, and consistent with this Standard, and known by the PREA Coordinator, the PREA Compliance Manager, and other administrators, the facility appears to be in compliance with this Standard.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has not entered into or renewed any collective bargaining agreement or other agreement since the last audit. This agency maintains the ability to protect residents from contact with abusers.</p> <p>Analysis: Publicly available information regarding the status of collective bargaining by state workers, as well as policies and interviews, indicate compliance with this Standard.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Clinical Supervisor is designated to monitor youth for retaliation, and the PREA Compliance Manager is designated to monitor staff members. However, few residents expressed confidence in this process, and documentation was not provided to the audit team prior to the on-site audit to verify the monitoring in full. Several youth informed the auditor that they feel retaliation occurs at the facility. Other residents informed the auditor that the facility harbors an ongoing bullying-type environment, where people are called "Bitch", "Dyke" and/or "Gay", "all the time." Six interviews indicate that PREA is abused at the facility, and that there are no consequences for false reporting or for purposely manipulating the system. Five residents concluded that investigations are not done well and that, therefore, if investigations do not uncover the real problems, they will provide no protection from ongoing abuse, retaliation, and/or abuse of the system that is carried out just for amusement, or out of desperation. Staff interviews indicate a great deal of stress, and some interviews clearly indicated that some staff are perceived to be approaching a breaking point, that therefore unable to perform their duties to protect residents, including from bullying and retaliation, to the degree they desire to do so.</p> <p>Corrective Action: The agency reviewed the investigations that had occurred in the past 12 months, and they provided documentation of retaliation monitoring occurring before and during the CAP, addressing concerns brought up in the on-site audit, in the exit briefing, and in the Interim Report.</p> <p>Analysis: In addition to the interviews and documentation referenced above, the auditor reviewed Executive Directive 17, Section XVIII, and interviewed the agency head and facility administrators. Considering the corrective actions taken, and policies which are PREA-compliant and understood, it appears the facility is now compliant with this standard, as much as possible without adequate staffing.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed appears to show that the facility does not use involuntary segregation to protect alleged victims, although policy allows for this as a last resort. Residents who have been in protective custody, for whatever reason, state they have their rights and can make complaints, see medical providers, etc., while there.</p> <p>Analysis: The auditor reviewed Executive Directive 72, Section XVI; reviewed related investigative documentation that described how alleged victims had been treated; and interviewed residents and staff regarding practices. These interviews included the facility Superintendent, staff who supervise residents who have been isolated, and medical and mental health staff. The policy, documentation of practice, and the interviews indicating that the policy is being followed, indicate compliance with this standard.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 616">During the audit, the auditor was provided with documentation of allegations and suspicions of sexual abuse and harassment, and with documents of investigations. Not all allegations appeared to be fully investigated, including allegations that come up in the course of investigations. The Interim Report stated that the agency must show that each allegation or suspicion is investigated, either in the current investigation (which means, among other things, that there would be separate findings for each allegation) or that new investigations are triggered.</p> <p data-bbox="252 660 1476 952">Corrective Action: Investigations were reviewed, and a memo was sent to investigators reminding them to clearly document follow-up actions after receiving new/additional information of sexual abuse, sexual harassment, failure to protect, and/or policy violations; and this activity was documented for the auditor. The facility requested, by telephone and email, copies of law enforcement investigations, and they provided the audit team with the log of their activities and information obtained. The PREA Office provided refresher training to all LHS/CLS investigators and provided verification to the audit team.</p> <p data-bbox="252 996 1452 1220">Analysis: In addition to reviewing 12 investigations and the documents detailed above, the auditor reviewed relevant policies, including Executive Directive 72, Section XVII. The audit team also interviewed investigators and reviewed the training they received. The audit team also interviewed residents who had reported abuse, the PREA Coordinator, and the PREA Compliance Manager.</p>

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="252 1417 901 1451"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1496 526 1529"><b>Auditor Discussion</b></p> <p data-bbox="252 1574 1484 1653">The agency imposes no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="252 1697 1476 1865">Analysis: As required in policy (Executive Directive 72, Section XVII), the investigative documentation reviewed, and interviews conducted, show compliance with this standard. The evidence reviewed (including interviews) is typically listed in the investigative reports, and the finding seems to be based on the preponderance of the evidence.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Following an investigation, the facility informs the alleged victim regarding the finding of the investigation, and other relevant information required in this standard.</p> <p>Analysis: When investigations are completed, the agency appears to consistently follow this standard, according to documentation of notifications provided, and according to interviews with administrators. Some residents interviewed, who had been alleged victims, acknowledged the receipt of notifications; others did not. Policy related to this standard is found in Executive Directive 72, Section XVII.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>Analysis: The auditor reviewed the agency policies and investigations, along with related documentation provided, and believes the agency and facility have shown compliance with this standard. The agency head, as well as the PREA Coordinator and others interviewed, verify that terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Policy relating to this standard is found in Executive Directive 72: Section XIX. A.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor has reviewed the agency policy which requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the 12 months prior to the onsite audit, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates, because there have been no substantiated allegations.</p> <p>Analysis: Executive Directive 72, Section XIX is consistent with this standard. The Superintendent and PREA Coordinator indicated compliance with this standard in their interviews.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal finding, that the inmate engaged in resident-on-resident sexual abuse. The facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between inmates, but it does not deem such activity to constitute sexual abuse unless it determines that the activity is coerced.</p> <p>Analysis: Compliance with this standard was verified through interviews, a review of policies (Executive Directive 72, Section XIX), and a review of selected investigations.</p>

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to policies and documentation provided, residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are required to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This is tracked, along with screenings and reassessments indicated in Standard 115.341. The screenings provided to the audit team show that the screening completed pursuant to §115.341 triggers medical and mental health screenings when there is a history of abuse, and the system documents when those screenings are completed.</p> <p>Analysis: Policies are found in Executive Directive 72, Section XII. E.-F. The auditor reviewed examples of health screenings and confidentiality, disclosure and referral forms. In addition, the audit team interviewed residents who disclosed sexual victimization, staff responsible for risk screening, and medical and mental health staff.</p>

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Appropriate services are offered, and they are offered without cost to the victim.</p> <p>Analysis: Documentation reviewed by the audit team indicates that emergency medical and mental health services are provided when needed, as is required in policy. Also, when alleged victims of abuse were interviewed, they usually indicated that they were offered care. The audit team interviewed first responders and medical and mental health staff. Policy is found in WI DOC DJC Policy #300.08.03, #500.30.19, and in Executive Directive 72, Section XVI. B. 2.</p>

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to documentation reviewed, the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility provides such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Analysis: Providers in the community verify services are available. When alleged victims of sexual abuse were interviewed, they sometimes acknowledged they have been offered the care required in this standard. Policy can be found in Executive Directive 72, Section XVI. B. 6 &amp; 7. Health services and psychological services forms were reviewed and medical and mental health staff were interviewed.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to information received during the Pre-Audit Process from the PC and PCM, including the PAQ, the facility only recently starting conducting Incident Reviews and have not completed enough to show they are fully incorporated into the agency culture and reliable procedures.</p> <p>Corrective Action: The CAP stated, "Continue monthly sexual abuse incident reviews using DOC-2863 following all substantiated and unsubstantiated sexual abuse allegations within 30 days of the close of the investigation. Review team must include facility leadership, with input from supervisors, investigators and medical/mental health. During sexual abuse incident reviews ensure victims and suspects have been rescreened." The facility provided 8 Incident Reviews completed consistent with the standard and the CAP.</p> <p>Analysis: In addition to the documentation reviewed for the completion of the CAP, as described above, the audit team reviewed the policy relating to Incident Reviews, Executive Directive 72, Section XX, and interviewed the Superintendent and other members of the Incident Review Team.</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Since 115.387 (d) requires data from Sexual Abuse Incident Reviews to be included in this data, the facility could not show compliance with this standard until it was compliant with 115.386. At the time of the Interim Report, data from these Incident Reviews was not available because those reviews had not been completed.</p> <p>Corrective Action: Incident Reviews were completed and data compiled.</p> <p>Analysis: The auditor reviewed the data collected and interviewed the PREA Coordinator and related agency policies. As the auditor for many of the agency's other facilities, the auditor has evaluated the agency's data collection processes over the span of several years.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>At the time of the Interim Report, the agency could not show full compliance with every portion of this standard until the data was available from §115.386 and 115.387, as is made explicitly clear in the wording of these standards.</p> <p>Corrective Action: The agency provided documentation that shows that it is compiling data on an ongoing basis, as needed for the Survey of Sexual Victimization.</p> <p>Analysis: 2016 and 2017 Survey of Sexual Victimization Summary Forms are available at <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a> along with Sexual Abuse investigations findings data (Updated September 28, 2018).</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Verified policy and practice protect the retention of this data. The auditor's first attempt to verify that the Annual Report was publicly available was unsuccessful. The PREA Coordinator stated that this was a "technical glitch", and got this resolved immediately (before the on-site audit).</p> <p>Analysis: The auditor reviewed Executive Directive 72, Section XXI. The 2016 Annual Report is publicly available at <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the prior three-year audit period, the agency ensured that each facility operated by the agency, was audited at least once. Facilities that house inmates for WI DOC are in the process of being audited.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The audit team has audited a number of facilities for this agency. This agency has faithfully made Audit Reports available to the public on its website.</p>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.312 (b)	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	no

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
--	---	--

<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.317 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.388 (a)	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b)	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d)	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes